MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07355

CERTIFICATE OF DEATH

(940)

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Calvert County Hospital

Stay in hospital or inst. (yrs., or mos., or days): 9 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Calvert

City or town: Coster - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mrs. Amelia Applegate

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

B (b) Name of husband or wife: Dr. William Applegate

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 3, 1859

8. AGE: Years: 81 Months: Days: 1 If less than one day: ____ hrs. ____ min.

9. Birthplace: Irwin, Union County Ohio
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Asa Bates
13. Birthplace: Ohio

MOTHER
14. Maiden name: Drynthia Woodworth
15. Birthplace: Ohio

16. Informant: Dr. Wm Applegate
Address: Coster, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/6/40 (month) (day) (year)

Cemetery or crematory

Location: Washington, D.C.

18. Funeral director: M. N. Hysong Co.

Address: 1300 N. St. N.W., Wash. D.C.

19. 7/4 1940 (Date rec'd by registrar) D. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 4 1940, at 10 05 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27 1940, to July 4 1940, and that I last saw her alive on July 4 1940.

Immediate cause of death: Coronary Occlusion with complete heart block — DURATION: 3 minutes

Due to: Arteriosclerotic Heart Disease — 20 years

Due to: Cardiac Failure — 2 weeks

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Page S. Jett M. D. or other

Address: Prince Frederick Date signed: July 4, 1940

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07356

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (8)

County Calvert Registration Dist. No. 52

Village or City Mt. Harmony No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Clayton (unk.) If U. S. Veteran, specify WAR

(a) Residence: No. Mt. Harmony St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/28/40

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date decreased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt. Harmony
(State or country) Calvert

FATHER

13. NAME Landon Clayton

14. BIRTHPLACE (city or town) Philadelphia
(State or country) Pa

MOTHER

15. MAIDEN NAME Ringold Dowling

16. BIRTHPLACE (city or town) Livingston
(State or country) Calvert

17. INFORMANT Landon Clayton
(Address) Mt. Harmony

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Harmony Date 7/30, 1940

19. UNDERTAKER Landon Clayton
(Address)

20. FILED July 30, 1940 W. N. Hardesty
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Still birth, 19 to 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Still born.	
Other Contributory Causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED AUG 7 1930 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

(97) 07357

1. PLACE OF DEATH

County Calvert Registration Dist. No. 5

Village or City Huntingtown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Cranford If U. S. Veteran, specify WAR

(a) Residence: No. Huntingtown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Cora W. Cranford

6. DATE OF BIRTH (month, day, and year) Aug. 15th 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parran, Calvert Co. Md.

FATHER

13. NAME James N. Cranford

14. BIRTHPLACE (city or town) (State or country) Parran Calvert Co. Md.

MOTHER

15. MAIDEN NAME Sarah Darsey

16. BIRTHPLACE (city or town) (State or country) Parran Calvert Co. Md.

17. INFORMANT Cora W. Cranford

(Address) Huntingtown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Huntingtown Date July 14, 1940

19. UNDERTAKER Wm. H. Hutchins

(Address) Owings, Md.

20. FILED 7/14, 1940 W. T. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 13 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 4-18, 1940, to 7-12, 1940

I last saw him alive on 7-12, 1940; death is said to have occurred on the date stated above, at 1:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) O. J. Weems M. D.

(Address) Huntingtown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
AUG 6 1940
U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07358

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
County: Calvert
City or town: Loomis Island
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D. C. County:
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1325 Staples St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no. N. E.

3. (a) FULL NAME: Frank M. Edinger.
3. (b) Social Security Number: ?

4. Sex: M
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widower.
6 (b) Name of husband or wife: Lena Yobst Edinger
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): June 5, 1868

8. AGE: Years: 72 Months: 1 Days: 24 If less than one day ____ hrs. ____ min.

9. Birthplace: N. Y. (Town, county, and state)
10. Usual occupation: Vendor.
11. Industry or business: Retired.
FATHER 12. Name: Edinger.
13. Birthplace: N. Y.
MOTHER 14. Maiden name: ?
15. Birthplace: N. Y.
18. Informant: William J. Edinger
Address: 1325 Staples St Wash. D. C. N. E.
17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory: Mount Olive Cemetery
Location: Washington D. C.
18. Funeral director: Frank Geiers & Son
Address: Washington D. C.
19. 7/29 1940 (Date rec'd by registrar) W. T. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7/29 1940, at 9 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__, and that I last saw h____ alive on ____ 19__.
Not attended.
Immediate cause of death: Accidental
Due to: Drowning.
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: A. J. Moore
Deputy Medical Examiner for Calvert Co.
Address: Prince Frederick, Md. Date signed: 7/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Warren King
+ Huntington

RECEIVED
AUG 6 1940
BUREAU V. S.

07359

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Broomes Island, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Three months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 433 Newton Place, N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War ✓

3. (a) FULL NAME: Robert Glorioso

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Sarinn Glorioso

6(c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): November 17, 1894

8. AGE: Years	Months	Days	If less than one day
46	8	9	hrs. min.

9. Birthplace: Italy
(Town, county, and state)

10. Usual occupation: Club Manager

11. Industry or business: Social

FATHER
12. Name: Antonio Glorioso
13. Birthplace: Italy

MOTHER
14. Maiden name: Anna Tambano
15. Birthplace: Italy

16. Informant: Sarinn Glorioso

Address: 433 Newton Pl., N.W., Washington, D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7/29/40 (month) (day) (year)

Cemetery or crematory: Cathedral

Location: Baltimore, Md.

18. Funeral director: A. A. Harkness & Son

Address: Mutual, Md.

19. 7/26 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 26, 1940, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not attended 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death: Accidental drowning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Accident Date of: 7/26/40

Where did injury occur? Broomes Island (City or town) Cal. (County) Md. (State)

Injured at home, farm, industry, public place (where?): Patuxent River

Means of injury: Junped overboard to rescue son. Injured at work? No

23. SIGNATURE: [signature] Deputy Medical Examiner for Calvert Co. M.D. or other

Address: Prince Frederick, Md. Date signed: 7/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 1 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07360

(131-a)

1. PLACE OF DEATH

County Calvert Registration Dist. No. 5-2

Village or City Parran No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Johnson If U. S. Veteran, specify WAR

(a) Residence: No. Parran St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Johnson

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS then 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. H.W

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

FATHER

13. NAME Richard Holland.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Holland

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sevis Chew (Address) Parran, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Plum Point Date 7/3, 1940

19. UNDERTAKER Mabey Sewell (Address) Prince Frederick

20. FILED July 3, 1940 Virgie P. Carpenter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 2 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 6-3, 1940, to 7-1, 1940

I last saw her alive on 7-1, 1940; death is said to have occurred on the date stated above, at 6:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertensive cardio	
vascular renal disease	
cerebral hemorrhage	

Other Contributory Causes of Importance:

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) G. J. Weepns M. D.

(Address) Huntingtown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 7 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95-C UB

07361

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: St Leonards

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Long Beach.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3011 - 16th St N.E.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Henry Joseph Kroll

3. (b) Social Security Number: ? 598-09-1125 (Rev)

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs Kroll

6(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Jan. 17 1876

8. AGE: Years: 64 Months: 6 Days: 8 If less than one day: hrs. min.

9. Birthplace: Germany. (Town, county, and state)

10. Usual occupation: Baker

11. Industry or business:

FATHER
12. Name: ? Kroll.
13. Birthplace: Germany.

MOTHER
14. Maiden name: ? Thill
15. Birthplace: Germany.

16. Informant: Mrs Kroll.

Address: 3011 - 16th St Wash DC

17. Cremated (Burial, cremation, or removal, Which?) Date thereof: July 26/40 (month) (day) (year)

Cemetery or crematory: Washington

Location:

18. Funeral director: J. Wm. Lees Sons

Address: 300 - 4th. N.E. Wash. D.C.

19. 7/25 1940 (Date rec'd by registrar) I. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7/25/1940, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ..., to ..... 19 ..., and that I last saw h ..... alive on ..... 19 ..... not attended.

Immediate cause of death: acute Heart disease

DURATION: 5 mos

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: E. T. Iniscon

Deputy Medical Examiner for Calvert Co.

Address: Prince Frederick, Md. Date signed: 7/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M) (I)

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

07362

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Port Republic

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 4435 Davenport St N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Samuel Patterson Lyle Jr.

3. (b) Social Security Number

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 8, 1923

8. AGE: Years: 17 Months: 1 Days: 2 If less than one day ____ hrs. ____ min.

9. Birthplace: Ark. (Town, county, and state)

10. Usual occupation: School

11. Industry or business

FATHER

12. Name: Samuel P Lyle

13. Birthplace: Mo.

MOTHER

14. Maiden name: Bessie McIlwen

15. Birthplace: Mo.

16. Informant: S. P. Lyle

Address: 4435 Davenport St Wash D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 10, 1940 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Washington D. C.

18. Funeral director: Drink Knox

Address

19. 7/10 1940 (Date rec'd by registrar) W. T. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 10 1940 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Accident drowning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 7/10/40

Where did injury occur? Kenwood Beach (City or town) (County) Md. (State)

Injured at home, farm, industry, public place (where?): Chesapeake Bay

Means of injury: Injured at work? No.

23. SIGNATURE: E. Briscoe M.D. or other

Address: Deputy Med. Examiner for Cal. Co. Prince Frederick, Md. Date signed: 7/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131E)

CERTIFICATE OF DEATH

07363

Reg. Dist. No. 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Calvert

City or town Sunderland.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Calvert

City or town Sunderland Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR none

3. (a) FULL NAME William F. Magness.

3. (b) Social Security Number none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	Married

6 (b) Name of husband or wife Emmma Magnes

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) 3/23/67

8. AGE: Years 73 | Months 3 | Days 23 | If less than one day ____ hrs. ____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER 12. Name Wm Magness.

13. Birthplace Md

MOTHER 14. Maiden name Mary B. Welch.

15. Birthplace Md

16. Informant Milton Magness.

Address Sunderland.

17. ____ (Burial, cremation, or removal. Which?) Date thereof ____ (month) (day) (year)

Cemetery or crematory All Saints

Location Sunderland

18. Funeral director W. H. Hardesty & Son

Address Mt Harmony

19. Filed July 17 1940 W. H. Hardesty (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940 at 9a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1939 19__ to July 16 1940

and that I last saw h alive on July 15 1940

Immediate cause of death	DURATION
Chronic myocarditis	6 mo.
Due to Hypertension	2 yrs.
Due to	
Other conditions Chronic nephritis.	6 mo.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. T. Smoot M. D. or other

Address Sunderland Date signed 7/16/40

RECEIVED
AUG 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (32-b)

07364

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Calvert Co Hosp.
Stay in hospital or inst. (yrs., or mos., or days): 1 day
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Ca
City or town: Friendship Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Eldridge Maynard

3. (b) Social Security Number: None

4. Sex: M
5. Color or race: C
6. (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Apr 3 1927

8. AGE: Years 13 Months 3 Days 17 If less than one day ____ hrs. ____ min.

9. Birthplace: Friendship (Town, county and state)

10. Usual occupation: School

11. Industry or business

FATHER
12. Name: Vernis Maynard
13. Birthplace: Md

MOTHER
14. Maiden name: Elsie Stanks
15. Birthplace: Md

16. Informant: Elsie Maynard
Address: Friendship

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 22-1940 (month) (day) (year)
Cemetery or crematory: Carters Chapel
Location: Friendship Md

18. Funeral director: Robert J Wood
Address: Friendship Md

19. July 21 1940 W H Hardesty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7/20 1940, at 4P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/19 1940, to 7/20 1940, and that I last saw him alive on 7/20 1940.

Immediate cause of death: Vincents Angina Vincents Meningitis

DURATION: 7/19/40 7/20/40

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Hugh W Ward M. D. or other
Address: Owing Md Date signed: 7/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

07365

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
County Calvert Frederick
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) Calvert Co 7 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Ca
City or town Friendship Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR No

3. (a) FULL NAME Warren Putnam

3. (b) Social Security Number none

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced W
6 (b) Name of husband or wife Hattie Putnam
6(c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) Sept 8 1872

8. AGE: Years 68 Months 10 Days 5 If less than one day ___ hrs. ___ min.

9. Birthplace Iowa (Town, county, and state)
10. Usual occupation Mechanic
11. Industry or business Auto Shop

FATHER
12. Name Jas. Putnam
13. Birthplace ?

MOTHER
14. Maiden name M. Blackstone
15. Birthplace ?

16. Informant M. L. Putnam
Address Friendship Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 13 1940 (month) (day) (year)
Cemetery or crematory Friendship
Location Friendship

18. Funeral director Robert J. Wood
Address Friendship, Md.

19. 7/13 1940 (Date rec'd by registrar) J. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/13 1940, at 830 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935 19 , to July 13 1940, and that I last saw him alive on July 13 1940.

Immediate cause of death Auto
Myocarditis
Chronic "

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION 3 day

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. N. Ward M. D. or other
Address Ormond Md Date signed 7/13/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

07366

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Solomons Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Calvert

City or town: Solomons Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Alfred Sanborn Rich III

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 24, 1940

8. AGE: Years 0 Months 0 Days 29 If less than one day hrs. min.

9. Birthplace: Cal. Co. Hospt.

(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER

12. Name: Alfred S Rich Jr.

13. Birthplace: Wash. D.C.

MOTHER

14. Maiden name: Lola S. Wolfe

15. Birthplace: N.Y.

16. Informant: Alfred S Rich

Address: Solomons Md.

17. Cremation (Burial, cremation, or removal, which?) Date thereof 7/24/40 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cem.

Location: Suitland, Md.

18. Funeral director: A A Hawkins & Son

Address: Mutual, Md.

19. July 23 1940 (Date rec'd by registrar) S. M. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7/23/1940, at 9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death: accidental

Due to: Suffocation

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 1 hour

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: E. T. Briscoe

Deputy Medical Examiner for Cal. County

Address: Prince Frederick, Md. Date signed 7/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
AUG 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

07367

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH

County Calvert

City or town Ovinny

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State Md County Calvert

City or town Ovinny Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Md

3. (a) FULL NAME Charles E Stalling

3. (b) Social Security Number

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced W

6 (b) Name of husband or wife Sarah E Stalling

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1854

8. AGE: Years 85 Months 8 Days 3 If less than one day hrs. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name James E Stalling

13. Birthplace Md

MOTHER 14. Maiden name Jane Howell

15. Birthplace Md

16. Informant Mrs. Wm Wells

Address Ovinny Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 24, 1940 (month) (day) (year)

Cemetery or crematory Mt Harmony

Location

18. Funeral director W Hutchens

Address Mt Harmony

19. July 24 1940 (Date rec'd by registrar) W H Hardesty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/22 1940, at 11:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1932 to July 22 1940, and that I last saw him alive on July 22 1940.

Immediate cause of death Intermittent

DURATION 5 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Ovinny Md Date signed 7/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

07368

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Parrans.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Chesapeake Bay near Breezy Pt.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1 day.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Pr. Geo.

City or town: Cottage City Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 260 Daniels St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no.

3. (a) FULL NAME: Justice Eugene Thompson.

3. (b) Social Security Number: 227-10-2995

4. Sex: M

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Married

8 (b) Name of husband or wife: Mabel R. Thompson

6(c) If alive, give age: 25 years

7. Birth date of deceased (mo., day, yr.): Jan 10, 1915

8. AGE: Years: 25 Months: 6 Days: 20 If less than one day: ____ hrs. ____ min.

9. Birthplace: Va. (Town, county, and state)

10. Usual occupation: service station

11. Industry or business: attendant.

FATHER

12. Name: William S. Thompson

13. Birthplace: Va.

MOTHER

14. Maiden name: Rosa Alley.

15. Birthplace: Va.

16. Informant: Sadie Nilson

Address: 1923 Summit Place Wash

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 8-4-40 (month) (day) (year)

Cemetery or crematory:

Location: Hyattsville, Md.

18. Funeral director: Gasch's Sons.

Address: Hyattsville, Md.

19. Aug 4 1940 (Date rec'd by registrar) I. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7/30/1940, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death: Accidental

Due to: Drowning.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: accident Date of: 7/30/40

Where did injury occur? Chesapeake Bay (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): Breezy Pt.

Means of injury: Injured at work?

23. SIGNATURE: E. Moscoe M.D. or other

Address: Deputy Medical Examiner for Cal. Co. Prince Frederick, Md. Date signed: 8/4/40

RECEIVED
AUG 6 1940
BUREAU V. S.

07369

STATE OF MARYLAND—CERTIFICATE OF DEATH

(46-E)

1. PLACE OF DEATH

County Calvert Registration Dist. No. 51

Village or City Calvert Co. Hospital - Prince Frederick, Md. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Virginia H. Young If U. S. Veteran, specify WAR

(a) Residence: No. Barstow, Md. St., Ward. No. Social Security No.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug. 10, 1910

7. AGE: Years 29 | Months 1 | Days 2 | If LESS then 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Calvert County Md.

FATHER

13. NAME Johnson Young

14. BIRTHPLACE (city or town) (State or country) Calvert County Md.

MOTHER

15. MAIDEN NAME Mary Grierson

16. BIRTHPLACE (city or town) (State or country) Calvert County Md.

17. INFORMANT (Address) Elizabeth Stone Glen Burnie, Md

18. BURIAL, CREMATION, OR REMOVAL Place Asbury - Barstow, Md. Date July 14, 1940

19. UNDERTAKER (Address) A. A. Harkness & Son Mutual, Md.

20. FILED 7/14, 1940 J. N. King Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 12 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1939, to ....., 19....

I last saw her alive on July 12, 1940; death is said to have occurred on the date stated above at 5 10/A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of ileum	1939
Resection & anastomosis of intestine	July 6
Liver Death	July 11

Other Contributory Causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Roger Jett M. D.

(Address) Prince Frederick

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED AUG 8 1940 U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN